

MEMORIAL CANDLE

**Cemetery of the Holy Rood
P.O. Box 182
Westbury, N.Y. 11590-0182
516-334-7990**

Donor's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

** Candle Location: _____ Number: _____ Exp. Date: _____

1 Year _____ 2 Years _____

IN MEMORY OF:

**Note: Holy Rood Phase II - First & Last Name
All Others - First Initial & Last Name Only*

Cemetery Representative

Donor's Signature

Donor's Telephone Number

Email Address

** Candle selection requires confirmation of cemetery records. It is recommended that you visit our office to complete the selection process.

Office Use Only:

Date: _____

Donation: _____

Computer Ref: _____

Prices:
Holy Rood Chapel - Phase II: \$225 for 2 years
All Others: \$100 per year

9.1.2009

MEMORIAL CANDLE

Holy Sepulchre Cemetery
3442 Route 112
Coram NY 11727
631-732-3460

Queen of All Saints Cemetery
115 Wheeler Road
Central Islip NY 11722
631-234-8297

Donor's Information:

Name: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

****Candle Location:** _____ **Number:** _____ **Exp. Date:** _____

1 Year - \$100.00 2 Years - \$200.00
**** Our Lady of the Rosary Mausoleum 2 Years - \$ 225.00 (only)**
IN MEMORY OF:

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Cemetery Representative

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Donor's Telephone Number

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